



**BNi**  
Money Matrix

## Monthly Room Dues Authorization for Credit Card Use

Complete this form. If completed online, form will automatically submit to the leadership team. If completed on paper, please return to the Secretary/Treasurer at the next meeting.

Name On Card \_\_\_\_\_ Card Type \_\_\_\_\_  
This will be Amex, Discover, MasterCard, or Visa

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_  
MM/YY 4 digits on Amex, 3 on others

Billing Address \_\_\_\_\_ Billing ZIP \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Charge Frequency \_\_\_\_\_ (M = Monthly | Q = Quarterly) – Current Room Due Rate: **\$50/mo**

### Terms of Use

I authorize BNI Money Matrix or its designated representative to charge the amount stated above to the credit card provided herein. Being the authorized cardholder, I understand and agree to the terms stated herein. I agree to pay and specifically authorize the charge of my credit card for the services provided in accordance with the issuing bank cardholder agreement. I further agree that in the event my credit card becomes invalid, I will provide a new credit card upon request, to be charged for the payment of any outstanding balances owed.

I also agree that I understand that the amount for the Current Room Due Rate is subject to change on behalf of the rental facility or BNI Money Matrix. If the Current Room Due Rate changes, you consent to notification at the email and/or phone number on your BNI Connect profile.

**By printing and signing my name hereon, I accept these terms:**

First & Last Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Member \_\_\_\_\_

### LEADERSHIP USE ONLY

Name of Leadership Member \_\_\_\_\_ Date of Receipt \_\_\_\_\_

Leadership Role \_\_\_\_\_

Received (     )     Processed by S/T (     )

**Retain for records.**